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August 12, 2016

Centers for Medicare & Medicaid Services
Office of Strategic Operations and Regulatory Affairs
Division of Regulations Development
Room C4-26-05
7500 Security Boulevard
Baltimore, MD 21244-1850

Submitted via: http://www.regulations.gov/

**Re: CMS—R—246 (OMB Control Number 0938-0732)**

To Whom It May Concern:

Health Care Service Corporation (HCSC) appreciates the opportunity to provide comments to the Centers for Medicare & Medicaid Services (CMS) in response to the "Medicare Advantage, Medicare Part D, and Medicare Fee-for-Service Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey," published in the Federal Register (81 FR 38187) on June 13, 2016.

HCSC is the largest customer-owned health insurance company in the United States. The company offers a wide variety of health and life insurance products and related services, through its operating divisions and subsidiaries including Blue Cross and Blue Shield of Illinois, Blue Cross and Blue Shield of Montana, Blue Cross and Blue Shield of New Mexico, Blue Cross and Blue Shield of Oklahoma, and Blue Cross and Blue Shield of Texas. HCSC employs more than 23,000 people and serves more than 15 million members. HCSC has established Medicare Advantage (MA) plans and Part D Prescription Drug (Part D) stand-alone plans in all five of the HCSC states. In addition, HCSC operates a Medicare-Medicaid Plan (MMP) contract in the State of Illinois.

Our comments and related recommendations are provided below.

**Comments**

**General**

- **Streamlined Survey Content.** CMS is proposing to significantly reduce the CAHPS survey content for CY 2017 and CY 2018. We note that the CMS Supporting Statement – Part A, section 15, states that due to this reduction, the burden on Medicare beneficiaries to complete a CAHPS survey will decrease. We support this change and believe a more streamlined survey may help improve beneficiary response rates, which have steadily declined each year since 2012 as illustrated in section B.3 of the CMS Supporting Statement – Part B.

**MA-PD Survey**

- **Question #8 (page 4).** Question 8 asks the respondent how often in the past 6 months did he/she see the person they came to see within 15 minutes of the appointment time (following a question about the number of visits to a doctor's office or clinic in the same time period). It is unclear how and why CMS selected "15 minutes" as the timing benchmark for this question. In addition, the underlying intent of and rationale for the question is not apparent, particularly for circumstances when variables such as wait times may be impacted and logically differ by the type of office visit (e.g., a walk-in clinic that accepts appointments or a same-day appointment where the patient is advised that they may need to wait longer than usual) or other situations (e.g., the patient is late for the scheduled appointment). We believe the value of this question is not evident and recommend that CMS remove the question from the survey accordingly.

- **Question #39 (page 8).** CMS is proposing to add the following question to the survey for CY 2017: ***"****A co-pay is the amount of money you pay at the time of a visit to a doctor's office or clinic. In the last 6 months, did your health plan offer to lower the amount of your co-pay because you have a health condition (like high blood pressure)?"* It is our understanding that the ability of a health plan to lower an enrollee's copay amount because the enrollee has a specific condition is permissible only in limited circumstances (e.g., CMS' MA Value-Based Insurance Design model test). Therefore, the proposed question would likely cause confusion and potential irritation on the part of respondents who may not understand this nuance and would like to have access to and benefit from similar flexibilities. To avoid beneficiary confusion and to minimize potential beneficiary concerns and frustrations, we recommend that CMS not move forward with finalizing the proposed question.

- **Question #40 (page 8).** CMS is proposing to add the following question to the survey for CY 2017: ***"****Your health plan benefits are the types of health care and services you can get under the plan. In the last 6 months, did your health plan offer you extra benefits because you have a health condition (like high blood pressure)?"* It is our understanding that the ability of a health plan to offer extra benefits because the enrollee has a specific condition is permissible only in limited circumstances (e.g., CMS' MA Value-Based Insurance Design model test). Therefore, we are concerned that the proposed question would likely cause confusion and potential irritation on the part of respondents who may not understand this nuance and would like to have access to and benefit from similar flexibilities. Consistent with our comment above, we recommend that CMS not move forward with finalizing the proposed question in an effort to avoid beneficiary confusion and to minimize potential beneficiary concerns.

- **Question #65 (page12).** CMS is proposing to add a new question to the survey for CY 2017, asking the respondent if he/she ever uses the internet at home. While we recognize the value of a question along these lines, we are concerned that the inclusion of the phrase "at home" is too narrow as respondents may utilize the internet primarily in venues outside the home (e.g., library, senior center) and via devices that are not confined to the home (e.g., mobile phone or tablet). We recommend that CMS revise this question to remove the reference to "at home" to ensure responses are not unintentionally limited and to ensure that the value of the question is not diminished. We note that this recommendation also is applicable to the comparable question on the PDP version of the survey (question 23).

We appreciate the opportunity to comment. If you would like additional information or have questions about our feedback, please contact me at 202-249-7222 or Sue_Rohan@hcsc.net.

Sincerely,

Sue Rohan
Vice President, Health Policy – Government Programs